

# MEDICATION ERROR/INCIDENT REPORT

Child \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child Care Facility \_\_\_\_\_

Classroom \_\_\_\_\_

Medications \_\_\_\_\_

Dosage \_\_\_\_\_

Time Medication to be administered \_\_\_\_\_

Date of Incident \_\_\_\_\_

Reason for Report: Missed medication, wrong medication, etc. Give a detailed report as to how incident happened:

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Action Taken/Intervention:

Describe how this incident could be avoided in the future:

Name of parent/guardian who was notified: \_\_\_\_\_

Time/date of notification: \_\_\_\_\_

Printed name of person preparing report \_\_\_\_\_

Signature of person preparing report \_\_\_\_\_

Follow up contact/care: \_\_\_\_\_

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Child Care Facility Director/Administrator signature \_\_\_\_\_